NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

| APPLICATION NUMBER: | 08/ | 882 499 |
|---------------------|-----|---------|
| | | 000 109 |

Total Fee Calculation

| • | | | | | | • . | |
|--|-------------|-------------------|-----------------|----|-------------|-------------|---------------|
| , | Fee Code | Total # Claims | Number Extra | X_ | Fœ | Fee_= | _ Total |
| | Sm./Lg. | · | | | Sm. Entity | Lg. Entity | |
| Basic Filing Fee | 201/101 | | | | | ~g 24 | 77000 |
| Total Claims >20 | 203/103 | 4 -20 | = | x | | | |
| Independent Claims >3 | 202/102 | | | X | | | |
| Mult. Dep Claim Present | 204/104 | | | ^ | | | |
| Surcharge | 205/105 | | | | | | 120 00 |
| English Translation | 139 | | | | | | <u>130.00</u> |
| | | | | | | | |
| TOTAL FEE CALCUL | MOTTA | • | | | | | 900.00 |
| Fees due upon filing the Total Filing Fees Due | 4 |). 80 | | | 1 | | |
| Less Filing Fees Subm | itted - \$ | | | | | | |
| BALANCE DUE | = \$ | 900.00 | | | | • | |
| _Kim Qui | ncom | | | | | | A. |
| Office of Initial Patent | Examination | | | | | | ** |
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